

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/009010**

FILING DATE

**04 APR 2002**

APPLICANT(S)

*Moebius*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				2		
5				2		
6				2		
7				2		
8				2		
9				2		
10				2		
11			1			
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TOTAL IND.			3			
TOTAL DEP.			22			
TOTAL CLAIMS			25			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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